

United State Southern District Court Of New York

-----X

RE: Queen'Prinyah Godiah NMIAA Payne's El-Bey

Plaintiff

v.

Crocilla, (et al.)

20-cv-0524 (MKV)

Defendant(s)

-----X

Date: July 14, 2021

Hon. Mary Kay Vyskocil

U.S. District Court
Southern District of New York

Letter re: Amending Defendants and the Issuance of New Summons

Dear Judge Mary Kay Vyskocil:

In light of the recent order regarding the upcoming conference scheduled for August 19, 2021, I write to respectfully make three requests.

First, I write to request that the court permit me to amend the complaint to add the following new defendants: Officer Michels, PD Shield Number 4012; Sergeant Vollas, PD Shield Number 414; and, Lieutenant Cona, PD Shield Number 63. All three of these officers were present at the incident on January 9, 2020, which I learned

from a review of the incident report. Leave to amend should be freely granted. Here, there is no prejudice to these additional defendants because discovery has not yet started. The three-year limitations period on the section 1983 claims alleged in the complaint has not yet run against these new defendants.

Second, I request a nunc pro tunc extension of time from the original due date of February 15, 2021, to a new deadline of August 12, 2021, to effect service on Defendant Officer Leyland Crocilla, PD Shield Number 2477, as well as a new summons for him. I ask for this extension because the marshals were unsuccessful on February 25, 2021, in trying to serve Defendant Crocilla, and his original summons has expired, as has the time to serve him. I believe service may have gone unexecuted because Defendant Crocilla's name is at times misspelled in the record. Also have several people to served them & MTA while was there in present by wet we were threatened to be arrested eventually I hand up served the MTA via United States Postal Services with Certified Signatures to several of the MTA's Buildings about 110 of them in the hope that I would get the right MTA Department/ Buildings because I refused to give up on getting true and fair justice for the wrongs those 8 police officers done to me, and I am still trying to get every single of those officers names into this case but so far I have only the report as I waited for Mr. Derek and the DA to finished whatever they need to do and to relist the names of all of the rest of the officers whom names I do not have and are not in the report.

In reissuing service on Defendant Crocilla, I please ask that his name be corrected in the record.

Third, I respectfully request that given the Motion for Reconsideration by the City of New York, initially dated December 1, 2020, and the City's subsequent

Motion to Dismiss filed February 18, 2021, that if the court deems the MTA to be the proper defendant here, that the court order that a new summons be issued for the MTA. In Addition, I would like to request for the Court to please have the correct spelling of my name that is Quee'Prinyah Godiah NMIAA Payne's El-Bey, if the Court deemed fits or request I.D's with my correct name spelling for their record I will be please to provided such I. D's

Also, I found out that on August 11, 2020, I had file for Amended Complaint, and I was told by Pro Se office I need to ask the Judge to granted me the second Amendment Complaint so I can added other Defendants to this case and Change names. I am asking for you Judge to grant me such requested.

I thank the Court in advance for its consideration.

Respectfully submitted,

Sincerely,

Queen'Prinyah Godiah NMIAA Payne's El-Bey_____

Plaintiff

Judge: Mary Kay
Vyskocil

Judge
Mary Kay
Vyskocil

Incident Report

M.T.A. POLICE DEPARTMENT

20-595

Supplement No
ORIG

420 LEXINGTON AVENUE

SUITE 425

NEW YORK, NY 10170

(212) 878-1000

Reported Date
01/09/2020

Nature of Call

AIEDPN

Officer

CROCILLA, LEYLAND

Administrative Information

Agency M.T.A. POLICE DEPARTMENT	Case No 20-595	Supplement No ORIG	Reported Date 01/09/2020	Reported Time 03:33	CAD Call No 200090056
Status AIDED REMOVED TO HOSPITAL	Nature of Call AIDED-EDP-N				
Location W 34TH ST/7TH AV			City MANHATTAN	Rep Dist MPST02	County MANHATTAN
Beat NA	From Date 01/09/2020	From Time 02:41	To Date 01/09/2020	To Time 02:41	
Officer C86673/CROCILLA, LEYLAND			Assignment PATROL OFFICER	2nd Officer MICHELS, DOUGLAS	
Entered by C86673	Assignment PATROL OFFICER	RMS Transfer Successful	Property? None	Transit ID NONE	Org Nature of Call AIEDPN
CTV County of New York		Approving Officer C86614	Approval Date 01/11/2020	Approval Time 19:38:07	

Person Summary

Invl	Invl No	Type	Name	MNI	Race	Sex	DOB
AID	1	I	EL BEY, PRINYAH GODIAH	844508	B	F	04/18/1993
EMS	1	G	WARD	844509			
MED	1	I	DR PORTER	844510			
MOS	1	G	PO MICHELS				
MOS	2	G	PO CROCILLA				
PSV	1	G	SGT VOLLAS				
PSV	2	G	LT CONA				

Vehicle Summary

Invl	Type	License No	State	Lic Year	Year	Make	Model	Style	Color
AMB	0	7C	NY	2020	2020	*AMB			

Summary Narrative

Patrol pick up of a female/EDP in front of the ticket windows. One violent female EDP removed to Bellevue Hospital along with a police escort.

Report Officer C86673/CROCILLA, LEYLAND	Printed At 10/14/2020 11:30	Page 1 of 3
Supervisor Signature		

MTA-000007

Incident Report

M.T.A. POLICE DEPARTMENT

20-595

Supplement No
ORIG**AIDED 1: EL BEY, PRINYAH GODIAH**

Involvement AIDED	Seq 1	Type INDIVIDUAL	Name EL BEY, PRINYAH GODIAH	MNI 844508	Race BLACK	Sex FEMALE
DOB 04/18/1993	Age 26	Juvenile? No				
Type HOME ADDRESS	Address 40 ANN ST			City NEW YORK		
State NEW YORK	ZIP Code 10038					
Type OPERATOR LICENSE/STATE ID CARD	ID No 16240839045608					
Employer/School NONE						

Medical

Nature of Illness
VIOLENT EDP

Treatment
REMOVED TO BELLEVUE HOSPITAL BY FDNY EMS/POLICE ESCORT

EMPLOYEE-SIRTOA 1: WARD

Involvement EMPLOYEE-SIRTOA	Seq 1	Type GOVERNMENT	Name WARD	MNI 844509
Type EMS/FIRE ID NUMBER (SHIELD-ETC)	ID No 2396			
Employer/School FDNY			Position/Grade EMT	

MEDICAL PERSONNEL/DOCTOR 1: DR PORTER

Involvement MEDICAL PERSONNEL/DOCTOR	Seq 1	Type INDIVIDUAL	Name DR PORTER
MNI 844510			
Employer/School BELLEVUE HOSPITAL			Position/Grade DOCTOR

MEMBER OF SERVICE-MTA 1: PO MICHELS

Involvement MEMBER OF SERVICE-MTA	Seq 1	Type GOVERNMENT	Name PO MICHELS
Type PD SHIELD	ID No 4012		
Employer/School MTA POLICE DEPT			Position/Grade P.O.

MEMBER OF SERVICE-MTA 2: PO CROCILLA

Involvement MEMBER OF SERVICE-MTA	Seq 2	Type GOVERNMENT	Name PO CROCILLA
Type PD SHIELD	ID No 2477		
Employer/School MTA POLICE DEPT			Position/Grade P.O.

PATROL SUPERVISOR 1: SGT VOLLAS

Involvement PATROL SUPERVISOR	Seq 1	Type GOVERNMENT	Name SGT VOLLAS
Type PD SHIELD	ID No 414		
Employer/School MTA POLICE DEPT			Position/Grade SERGEANT

PATROL SUPERVISOR 2: LT CONA

Involvement PATROL SUPERVISOR	Seq 2	Type GOVERNMENT	Name LT CONA
Type PD SHIELD	ID No 63		
Employer/School MTA POLICE DEPT			Position/Grade LIEUTENANT

Report Officer
C86673/CROCILLA, LEYLAND

Printed At
10/14/2020 11:30

Page 2 of 3

Supervisor Signature

MTA-000008

Incident Report

M.T.A. POLICE DEPARTMENT

20-595Supplement No
ORIG**Vehicle: 7C**

Involvement	Type	License No	State	Lic Year	Lic Type	Year
AMBULANCE - GENERAL	AMBULANCE	7C	NEW YORK	2020	AMBULANCE	2020
Make						
AMBULANCE - GENERAL						

Narrative

On January 9, 2019 at approximately 0241 hours, undersigned officers observed a black female in a wheelchair yelling and screaming for no apparent reason. The female/EDP stated "you white red neck cops are harassing me, I pray to Allah that you get killed with a rifle, I'm gonna come back and kill you fags and I want an ambulance".

Upon escorting the female/EDP up to the 34 Street entrance, the female EDP did pick up a cone and attempt to throw it at undersigned officers. The female EDP did attempt to scratch undersigned officers and did attempt to strike us with both her hands. The female/EDP was rear cuffed and escorted into the ambulance for transport along with all of her property. The female/EDP was lodged at CPEP located at Bellevue Hospital for a psychiatric evaluation.

Report Officer C86673/CROCILLA, LEYLAND	Printed At 10/14/2020 11:30	Page 3 of 3
Supervisor Signature		

MTA-000009

NYC HEALTH + HOSPITALS

PO Box 35
Pueblo, CO 81002

866-390-7404 (Toll Free)
719-542-2564 (FAX)
www.verisma.com

Date: 7/12/2021

Fax:

To: Yan Fu, Esq.
THE FU FIRM PLLC
43 WEST 43RD STREET
SUITE 205
NEW YORK, NY 10036
Phone: 212-584-0581

Re: Elbey, Prinyah
DOB: 04/18/1993
VSI ID: 7167-64171
Case #:

Records
From: Bellevue
462 1st Ave

New York, NY 10016

Pages in this distribution (including this cover sheet): 32

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These laws include the federal re-disclosure restrictions contained in Title 42, Part 2 of the Code of Federal Regulations, which relates to federally-assisted alcohol or drug abuse programs. A general authorization for the release of confidential information that is covered by Title 42, Part 2 is not sufficient for this purpose. The federal rules referred to in the preceding sentence restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient who has been in a program covered by the rules.

Applicable New York State laws include prohibitions on the disclosure of confidential HIV-related information. New York State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom it pertains or as otherwise permitted by law. Any unauthorized further disclosure in violation of New York State law may result in a fine or jail sentence or both. A general authorization for the release of confidential information is not, except as specifically authorized by law, sufficient authorization for further disclosure of HIV-related information. Disclosure of confidential HIV-related information that occurs as the result of a general authorization for the release of medical or other information will be in violation of state law and may result in a fine or a jail sentence or both.



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Pueblo, CO 81002



THE FU FIRM PLLC
Attn: Yan Fu, Esq.
43 WEST 43RD STREET
SUITE 205
NEW YORK, NY 10036

Date 7/8/2021
Invoice # 7167-64171
Due Date 7/23/2021
Facility Bellevue

Information from Bellevue

462 1st Ave , New York, NY 10016

<u>Item</u>	<u>Qty</u>	<u>Description</u>	<u>Amount</u>
	27	Patient Name: Prinyah Elbey Tx#64171	
Paper/EMR copies	27		20.25

You Owe: 20.25

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THE FU FIRM PLLC
43 West 43rd Street, Suite 205
New York, NY 10036
(212) 584-0581
www.thefufirm.com

June 23, 2021

NYC Health + Hospitals/Bellevue
ATTN: Health Information Management
462 First Avenue
New York, New York 10016

Dear Health Information Management:

I am an attorney and I write to request the medical records of my client, Prinyah El-Bey a/k/a Clermontine El-Bey, from January 8, 2020 until the present day. With regard to care that she received on or around January 8, 2020 and January 9, 2020, Ms. El-Bey was provided a medical record number of 4040258

Enclosed please find the signed original Request for Access to Health Information.

I request that the documents be sent via email/electronically (to the extent possible) to my attention at yfu@thefufirm.com.

Sincerely,

Yan Fu

Yan Fu, Esq.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

Patient Name Prinyah El-Bey	Date of Birth 4/18/1993	Social Security Number 901-03-2747
Patient Address 40 Ann St. #2BA, New York, NY 10038		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: NYC Health + Hospitals/Bellevue, 462 First Ave., New York, NY 10016	
8. Name and address of person(s) or category of person to whom this information will be sent: The Fu Firm, 43 West 43rd Street, Suite 205, New York, NY 10036 ATTN: YAN FU	
9(a). Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) 1/8/2020 to (insert date) Present <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____ <div style="text-align: right;"> Include: (Indicate by Initialing) PEB Alcohol/Drug Treatment PEB Mental Health Information PEB HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input checked="" type="checkbox"/> By initialing here PEB I authorize NYC Health + Hospitals <div style="display: flex; justify-content: space-between;"> <div>Initials</div> <div>Name of individual health care provider</div> </div> to discuss my health information with my attorney, or a governmental agency, listed here: The Fu Firm <div style="text-align: center;">(Attorney/Firm Name or Governmental Agency Name)</div>	
10. Reason for release of information: <input checked="" type="checkbox"/> At request of individual <input type="checkbox"/> Other: _____	11. Date or event on which this authorization will expire: Conclusion of Litigation of El-Bey v. MTA, 20CV524
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Prinyah El-Bey
 Signature of patient or representative authorized by law.

Date: **7/7/21**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

THE FU FIRM PLLC
43 West 43rd Street, Suite 205
New York, NY 10036
(212) 584-0581
www.thefufirm.com

June 23, 2021

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Enclosed please find the signed original Request for Access to Health Information.

I request that the documents be sent via email/electronically (to the extent possible) to my attention at yfu@thefufirm.com.

Sincerely,


Yan Fu, Esq.

NYC HEALTH + HOSPITALS

Request for Access to Health Information

Patient Name: Queen P. Ayer SodasDOB: 04/18/1993Medical Record Number: 4040258Telephone Number: (313) 201-0318

NYC Health + Hospitals will use this form to document your request for access to your health information.

Access Requested: ☒ Copies ☐ Onsite Inspection

Format Requested: ☐ Paper ☐ CD ☒ Email ☐ Other: _____

Method of Release:

☐ Pickup/In Person☒ E-mail to: yfu@thefufirm.com☐ Mail to: _____

INFORMATION BELOW IS REQUIRED FOR ALL REQUESTS

Information to be Accessed: 1/8/2020 -☒ Health Information (date(s)) 1/8/2020☒ Laboratory Test Results (date(s)) 1/8/2020 -☒ Billing Records (date(s)): 1/8/2020 -☐ Other (please specify): _____☒ Radiology Reports (date(s)) 1/8/2020 -☒ Progress Notes (date(s)) 1/8/2020 -☐ My complete medical record

The following information will not be released unless you specifically select each applicable type below:

☐ Substance Use Disorder Information☒ Mental Health Information☐ Genetic Testing Information☐ HIV-Related Information

I understand that I have the right to access my health information in the form and format requested if readily producible in such form and format, and that if NYC Health + Hospitals cannot readily produce such health information in the form and format requested, I will be provided a readable hard copy form or such other form and format as mutually agreed upon.

I understand that if I request an electronic copy of my health information, it will be provided to me if readily producible in such form and format, or if not, in a readable electronic form and format as mutually agreed upon.

I understand that if I request on-site inspection of my health information that the respective Health Information Management Department is responsible for coordinating such inspection in a reasonable and timely fashion.

I understand that if I request copies of my health information, I may be charged a reasonable cost-based fee for such request and that any fee estimates will be provided to me prior to being charged. I also understand that my inability to pay may not be used as the sole reason to deny a request to access my health information.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE: Queen P. Ayer SodasDATE/TIME: June 22, 2021

IF NOT PATIENT, PRINT NAME, ADDRESS AND PHONE NUMBER OF PERSONAL REPRESENTATIVE: _____

RELATIONSHIP/AUTHORITY TO ACT ON BEHALF OF PATIENT: _____

NAME OF EMPLOYEE PROCESSING REQUEST: _____

EMPLOYEE SIGNATURE: _____

DATE/TIME: _____


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306226
Admit: 1/9/2020, Discharge: 1/9/2020

ED Triage note by Shawnmarie Jackson, NP at 01/09/20 0315

Author: Shawnmarie Jackson, NP	Service: Adult Psych	Author Type: Nurse Practitioner
Filed: 01/09/20 0318	Date of Service: 01/09/20 0315	Creation Time: 01/09/20 0315
Status: Addendum	Editor: Shawnmarie Jackson, NP (Nurse Practitioner)	
Related Notes: Original Note by Shawnmarie Jackson, NP (Nurse Practitioner) filed at 01/09/20 0318		

Pt is AOA x 3 follows commands answers questions appropriately breathing room air without distress yelling screaming threatening to kill and beat up NYPD and EMS Pt refused Vital Signs stating "Don't fucking touch me" Pt refused to give any medical information as well

"Electronically signed by Shawnmarie Jackson, NP at 01/09/20 0318"

Patient Care Conference by Jessica Bonnie Poster, MD at 01/09/20 0332

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
Filed: 01/09/20 0402	Date of Service: 01/09/20 0332	Creation Time: 01/09/20 0332
Status: Addendum	Editor: Jessica Bonnie Poster, MD (Physician)	
Related Notes: Original Note by Jessica Bonnie Poster, MD (Physician) filed at 01/09/20 0335		

Attempted to call AES but could not reach attending. *Alternate MRN 1704574* Patient arrived here by EMS because she refused to leave Penn Station. Here she has no psychiatric complaints. She is complaining of wrist pain and numbness in her hand after being handcuffed. She is also complaining that she was kicked in the side by PD. She has a PMH of WPW s/p unsuccessful ablations, asthma, paraplegic since age 15 and wheelchair bound, All of her complaints are medical and she will be sent to AES for further workup. Psych note to follow. She is discharged from CPEP and does not need to return.

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0402"

ED Notes by Audia Williams, RN at 01/09/20 0335

Author: Audia Williams, RN	Service: Psychiatric Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 0339	Date of Service: 01/09/20 0335	Creation Time: 01/09/20 0335
Status: Signed	Editor: Audia Williams, RN (Registered Nurse)	

Patient refused to leave penn station, states she was visiting a friend in penn station. Patient Denies SI/HI//AVH/ PMH/PPH

"Electronically signed by Audia Williams, RN at 01/09/20 0339"

ED Dispo Note by Jessica Bonnie Poster, MD at 01/09/20 0344

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
Filed: 01/09/20 0347	Date of Service: 01/09/20 0344	Creation Time: 01/09/20 0344
Status: Signed	Editor: Jessica Bonnie Poster, MD (Physician)	

Note Initiated: 01/09/2020 at 3:44 AM

ED Disposition Note:
Diagnosis

The encounter diagnosis was Adjustment disorder with disturbance of conduct.

Disposition


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306226
Admit: 1/9/2020, Discharge: 1/9/2020

ED Dispo Note by Jessica Bonnie Poster, MD at 01/09/20 0344 (continued)

ED Disposition

ED Disposition	Comment
----------------	---------

Send to Adult	
---------------	--

ED	El-Bey Clermontine discharge to home/self care. Sent to AES
----	---

Condition at discharge: Stable

Patient seen in CPEP for evaluation and is psychiatrically stable for discharge.

ASSESSMENT

Formulation: See PES note

Discharge Diagnosis:

1. Adjustment disorder with disturbance of conduct

Safety Risk Assessment: See SAFE-T and PES note

Discharge Medical Evaluation: I have reviewed the patient's physical and psychiatric needs before discharge, including laboratory and imaging studies obtained during this visit. Patient was in no acute medical distress at the time of my evaluation. Review of systems was completed, with no significant findings. No labs were collected during this visit. Patient is complaining of wrist pain and numbness after being handcuffed and will be sent to AES for workup.

DISCHARGE PLAN

1. Psychiatric

Medications: See Discharge Med Rec

Follow-up: See AVS

Safety plan completed? No, not indicated as patient not identified as high or moderate risk for suicide. Patient is psychiatrically stable for discharge. Please see PES note and AVS for details of discharge plan. Discharge plan reviewed with patient, including to call 911 or return to nearest ED or CPEP in case of worsening symptoms.

2. Medical

Medications: See Discharge Med Rec

Follow-up: See AVS

Patient is medically stable for discharge. Please see AVS and Discharge Medical Evaluation above for details.

Patient/Collateral Involvement

Patient is in agreement with discharge plan: Yes

Collateral was involved in discharge planning: No

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0347"

PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
-----------------------------------	-------------------------------------	------------------------

Filed: 01/09/20 0420	Date of Service: 01/09/20 0351	Creation Time: 01/09/20 0351
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Status: Signed	Editor: Jessica Bonnie Poster, MD (Physician)	
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PSYCHIATRIC EMERGENCY SERVICES ASSESSMENT

Printed on 7/8/21 7:39 AM

Page 2


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306226
Admit: 1/9/2020, Discharge: 1/9/2020

PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)

Encounter Time: Face-to-face evaluation with patient conducted at (date, time): 1/9/2020 330 am

Encounter Location: Bellevue Hospital Center - CPEP

Information/Referral Source

- Source of Referral: EMS/NYPD
- History obtained from: chart review and the patient
- Records from Previous Admissions/Provider(s) Reviewed? Yes, the following records were reviewed: Epic, Quadramed
- Barriers to Assessment: None

Language & Interpretation Needs/Services

- Preferred Language: English
- Patient is not hard of hearing, deaf, or mute
- Patient preferred to speak English for this assessment.
- Interpretation used: None required; clinician is authorized to speak in the patient's preferred language

CHIEF COMPLAINT / REFERRAL REASON:
Chief Complaint

Patient presents with

- EDP

Pt was BIBA aided by NYPD from Pen Station where she was agitated fighting and combative

HISTORY OF PRESENT ILLNESS

El-Bey Clermontine is a 26 y.o. female with alternate **MRN 1704574 name Prinyah Godiah Elbey**, with history of borderline personality disorder, malingering, somatization disorder, with prior hospitalizations most recent was at NCB in August after she made a suicidal gesture in order to not return to her nursing home, PMH of HTN, pseudozeisures, DVT, mild anemia, asthma, paraplegia (wheelchair bound since age 15), vertigo, constipation, gastritis, syncope, Wolf Parkinson White Syndrome who was BIB EMS/NYPD handcuffed when she refused to leave Penn Station. Notably police and EMS reported that she was aggressive with them and that they did not believe that she was paralyzed and that she is lying. Patient has well documented chart history of paralysis.

On arrival patient was very upset that she was handcuffed and was very focused on the pain in her hands. The cuffs were removed and she was calm once PD left. She was angry that they brought her to the hospital but while in CPEP was not verbally or physically aggressive with them. She stated that she was in Penn Station tonight meeting a friend who works there and one of the police vehicles asked her to leave. She stated that she did not understand why she had to leave since she was doing nothing and Penn Station is open all night. She stated that police then cuffed her and dragged her to the ground and kicked her in the side. She is upset about this interaction. She denied any mood symptoms, denied psychotic sx. She stated that she does not take or need any psych meds. She denies SI and HI. Denies AVH. She denied any substance use.

Past Psychiatric History

- Prior diagnoses: borderline personality disorder, somatization disorder, malingering, pseudoseizures
- Hospitalizations: Many beginning at a young age, last was after a suicidal gesture while in the hospital
- Outpatient treatment: Denies



Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306226
Admit: 1/9/2020, Discharge: 1/9/2020

PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)

- Medication trials: Zyprexa
- Suicide attempts/Self-harm: Many gestures but unclear if any actual attempts. patient denies today
- Violence: Denies
- Trauma/Abuse: Did not assess today but per chart patient with trauma history

HIGH-RISK PSYCHIATRIC HISTORY

High risk psychiatric history reviewed and updated in field above

Substance Abuse History

- Nicotine: Denies
- Alcohol: Denies
- Illicit drugs: Denies
- Prescription drugs: Denies
- Prior treatment: Denies

Past Medical/Surgical History

has no past medical history on file.

has no past surgical history on file.

Medications: No current facility-administered medications for this encounter.

No current outpatient medications on file.

Allergies not on file

Family History (mental illness, substance use, suicide, other): Not assessed

Social History

Socioeconomic History

- Marital status: Unknown
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs:
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Not on file

Substance and Sexual Activity

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

Lifestyle


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PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)

- Physical activity:
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file
- Relationships
 - Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
 - Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file
- Other Topics: Concern

• Not on file

Social History Narrative

- Not on file

Was PSYCKES reviewed? No: patient declined

MENTAL STATUS EXAM

Malodorous female dressed in many layers, laying on stretcher. She is calm once PD leave, she is cooperative and well related. No abnormal movements. Her speech is normal rate, volume and tone. Her TP is linear and logical. No SI or HI. Future oriented. No AVH. Not IP. No e/o delusions or paranoia. Her mood is "in pain" and her affect is labile. Her insight and judgment are fair and IC is intact.

SAFE-T Risk Level: Low Suicide Risk

FORMULATION

El-Bey Clermontine is a 26 y.o. female with BPD who was brought in by EMS/NYPD after she refused to leave Penn Station (though unclear why she needed to leave she was not sleeping there and they accused her of feigning her paraplegia) and was brought here for a psych eval after she was aggressive with PD. Patient has no psychiatric complaints, denies SI and HI. She is asking to leave, does not wish for any psych resources and wants to have her wrist evaluated. Her presentation is most consistent with an adjustment disorder on this presentation.

Risk Assessment:

Patient is not at acutely elevated risk for harm to self. She denies SI and is future oriented. She is not acutely manic, depressed, psychotic, intoxicated or withdrawing. Chronic risk factors include but are not limited to her homelessness, multiple medical issues, history of trauma/abuse, cluster B personality pathology with prior


Bellevue

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Admit: 1/9/2020, Discharge: 1/9/2020

PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)

suicidal gestures and acting out when her needs are not met.

Patient is not at acute risk for violence. She denies HI. She has been calm and in good behavioral control while here. She is not acutely psychotic, no CAH. She is not paranoid. She is not intoxicated or withdrawing. Chronic risk factors include but are not limited to prior hospitalizations, cluster B personality traits.

Working Diagnosis: adjustment disorder with disturbance of conduct

PLAN

- Discharge to AES for medical work up
- Patient was instructed to call 1-888-NYC-WELL, call 911, or return to CPEP if she develops suicidal or homicidal ideation, or any other new or worsening symptoms
- patient declined other MH or housing resources

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0420"

ED Triage note by Shawnmarie Jackson, NP at 01/09/20 0354

Author: Shawnmarie Jackson, NP	Service: Adult Psych	Author Type: Nurse Practitioner
Filed: 01/09/20 0355	Date of Service: 01/09/20 0354	Creation Time: 01/09/20 0354
Status: Signed	Editor: Shawnmarie Jackson, NP (Nurse Practitioner)	

Pt is AAO x 3 follows commands answers questions appropriately breathing room air without distress respirations regular and unlabored MOE x 4 irritable refusing to answer questions other than to state she is in pain and yelling at this examiner

"Electronically signed by Shawnmarie Jackson, NP at 01/09/20 0355"

ED Progress Note by William Plowe, MD at 01/09/20 0637

Author: William Plowe, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 0739	Date of Service: 01/09/20 0637	Creation Time: 01/09/20 0637
Status: Signed	Editor: William Plowe, MD (Resident)	
Cosigner: Allon Mordel, MD at 01/09/20 0851		

ED Progress Note:

XR wnl. Pt re-examined after tylenol, pain improved. Remains w/ paresthesias b/l hands worst in radial nerve distribution. Weakness improving, fires all fibers but remains w/ marked weakness globally in hands. Overall c/w handcuff neuropathy. Dispo complicated by fact that pt is wheelchair bound for paraplegia and needs her hands for mobility. Will continue to observe for improvement.

"Electronically signed by Allon Mordel, MD at 01/09/20 0851"

ED Notes by Marina Dela Rosa Gabaya, RN at 01/09/20 0720

Author: Marina Dela Rosa Gabaya, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1156	Date of Service: 01/09/20 0720	Creation Time: 01/09/20 1156
Status: Signed	Editor: Marina Dela Rosa Gabaya, RN (Registered Nurse)	

Received pt. Asleep but arousable, no acute distress noted, awaits dispo.

"Electronically signed by Marina Dela Rosa Gabaya, RN at 01/09/20 1156"


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

ED Supervisory Note by Aiden Rose Shapiro, MD at 01/09/20 0844

Author: Aiden Rose Shapiro, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 0847	Date of Service: 01/09/20 0844	Creation Time: 01/09/20 0844
Status: Signed	Editor: Aiden Rose Shapiro, MD (Resident)	
Cosigner: Allon Mordel, MD at 01/09/20 0854		

26yo F pmh asthma, wpw, paraplegia from sailing accident, now here w wrist pain/numbness. Pt was an EDP BIBNYPD after being dragged from her wheelchair by police, thrown against wall, pinned on top of her arms in cuffs for over an hour. Subsequently she had severe pain in her hands/wrists, numbness/tingling, and weakness in blt hands. On exam pt very tender throughout hands. Diminished sensation in radial/medial distribution, better in ulnar. Minimal grip strength, although limited 2/2 pain. Will get xrs, pain control. Concern is for most likely neuropraxia, but given that pt ambulates via wheelchair, will be difficult to discharge without full function of her hands.

"Electronically signed by Allon Mordel, MD at 01/09/20 0854"

ED Dispo Note by Kyle Pasternac, MD at 01/09/20 1003

Author: Kyle Pasternac, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 1003	Date of Service: 01/09/20 1003	Creation Time: 01/09/20 1003
Status: Signed	Editor: Kyle Pasternac, MD (Resident)	
Cosigner: Jessica Harris Leifer, MD at 01/09/20 1035		

Note Initiated: 01/09/2020 at 10:03 AM

ED Disposition Note:
Diagnosis

The encounter diagnosis was Pain in both wrists.

Disposition
ED Disposition

ED Disposition	Comment
Discharge	

El-Bey Clermontine discharge to home/self care.

Condition at discharge: Good

Follow-Up With

No follow-up provider specified.

Home Medications No Changes

There are no discharge medications for this patient.

Home Medication Changes
Modified Medications

No medications on file

Discontinued Medications

No medications on file



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ED Dispo Note by Kyle Pasternac, MD at 01/09/20 1003 (continued)

Prescriptions Given This Visit

There are no discharge medications for this patient.

Consults

None

Final Assessment and Plan

NV intact b/l, still with pain but neuropraxia resolved.

"Electronically signed by Jessica Harris Leifer, MD at 01/09/20 1035"

ED Notes by Marina Dela Rosa Gabaya, RN at 01/09/20 1156

Author: Marina Dela Rosa Gabaya, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1157	Date of Service: 01/09/20 1156	Creation Time: 01/09/20 1157
Status: Signed	Editor: Marina Dela Rosa Gabaya, RN (Registered Nurse)	

Pt. Transferred to D/C center, awake and responsive.

"Electronically signed by Marina Dela Rosa Gabaya, RN at 01/09/20 1157"

Progress Notes by Amy Acosta, LMSW at 01/09/20 1232

Author: Amy Acosta, LMSW	Service: —	Author Type: Social Worker
Filed: 01/09/20 1303	Date of Service: 01/09/20 1232	Creation Time: 01/09/20 1232
Status: Signed	Editor: Amy Acosta, LMSW (Social Worker)	

VICTIM SERVICES PROGRAM

Victim Services Program (VSP) Social Worker (SW) was referred cas3e by ED SW Laura Ramkisson, LMSW x4730. Patient is a 26-year-old woman who was BIBEMS to Bellevue Hospital s/p assault. Patient was reportedly assaulted by NYPD and MTA officers at Penn Station. VSP SW met with patient in the Discharge Center. VSP SW identified patient via name and wristband. Patient felt comfortable disclosing her story to this VSP SW. VSP SW provided patient with emotional support as needed throughout this conversation. VSP SW shared with patient services available via the VSP, such as advocacy with law enforcement, trauma therapy services and medical bill compensation via the NYS Office of Victim Services. VSP SW provided patient with information on how to report her assault to the Civilian Complaint Review Board (CCRB). Patient expressed that she felt unsafe returning to her home (she currently lives with her grandmother) as she believes these officers will attempt to find her in her home. VSP SW provided patient with information on going into a shelter. Patient expressed an interest in a DV shelter with Safe Horizon and this VSP SW explained the difficulty to obtain a shelter under non-DV circumstances. Patient was adamant about calling SH and this VSP SW supported her decision and provided her with their contact information. VSP SW allowed patient time to contact SH and followed-up again with patient in the DC. Patient was on-hold to speak with her insurance company. Patient contacted SH, though was told by them to contact another "national organization", per patient. VSP SW also provided patient with information to Barrier Free Living and shelters for single women in NYC (Help Women's Shelter and Franklin Street Shelter).

VSP SW will remain available to the patient as needed.

Amy Acosta, LMSW x4739

"Electronically signed by Amy Acosta, LMSW at 01/09/20 1303"



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ED Notes by Dawa Lhamo Dadak, RN at 01/09/20 1530

Author: Dawa Lhamo Dadak, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1709	Date of Service: 01/09/20 1530	Creation Time: 01/09/20 1709
Status: Signed	Editor: Dawa Lhamo Dadak, RN (Registered Nurse)	

Patient called her own insurance for transportation, cab service.

"Electronically signed by Dawa Lhamo Dadak, RN at 01/09/20 1709"

ED Notes by Dawa Lhamo Dadak, RN at 01/09/20 1615

Author: Dawa Lhamo Dadak, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1711	Date of Service: 01/09/20 1615	Creation Time: 01/09/20 1711
Status: Signed	Editor: Dawa Lhamo Dadak, RN (Registered Nurse)	

PCT Wheeled her to main entrance for her cab ride to her PCP as per patient . Patient refused Discharge instructions and sign discharge papers.

"Electronically signed by Dawa Lhamo Dadak, RN at 01/09/20 1711"

Patient Information

Patient Name: **Elbey, Prinyah Godiah**
Date of Birth: **04/18/1993**
MRN: **3726120**
Sex: **Female**

Medication

acetaminophen (TYLENOL) tablet 650 mg

Order Information

Date	Department
1/9/2020	Bellevue ED ADULT

Order Providers

Authorizing	Billing
William Plowe	William Plowe

Hospital Medication Detail

	Dose	Frequency	Start	End
acetaminophen (TYLENOL) tablet 650 mg	650 mg	Once	1/9/2020	1/9/2020
Route: Oral				

END OF REPORT

Patient Information

Patient Name: **Elbey, Prinyah Godiah**
Date of Birth: **04/18/1993**
MRN: **3726120**
Sex: **Female**

Medication

ibuprofen (ADVIL, MOTRIN) tablet 800 mg

Order Information

Date	Department
1/9/2020	Bellevue ED ADULT

Order Providers


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Order Providers (continued)

Authorizing
Aiden Rose Shapiro

Billing
Aiden Rose Shapiro

Hospital Medication Detail

	Dose	Frequency	Start	End
ibuprofen (ADVIL, MOTRIN) tablet 800 mg Route: Oral	800 mg	Once	1/9/2020	1/9/2020

END OF REPORT
Patient Information

Patient Name: **Elbey, Prinyah Godiah**
Date of Birth: **04/18/1993**
MRN: **3726120**
Sex: **Female**
Medication
ketorolac (TORADOL) injection 15 mg
Order Information

Date
1/9/2020

Department
Bellevue ED ADULT

Order Providers

Authorizing
Kyle Pasternac

Billing
Kyle Pasternac

Hospital Medication Detail

	Dose	Frequency	Start	End
ketorolac (TORADOL) injection 15 mg Route: Intramuscular	15 mg	Once	1/9/2020	1/9/2020

END OF REPORT
Patient Information

Patient Name: **Elbey, Prinyah Godiah**
Date of Birth: **04/18/1993**
MRN: **3726120**
Sex: **Female**
Medication
**HYDROcodone-acetaminophen (NORCO)
5-325 mg per tablet**
Order Information

Date
1/9/2020

Department
Bellevue ED ADULT

Order Providers

Authorizing
Kyle Pasternac

Billing
Kyle Pasternac

Hospital Medication Detail

	Dose	Frequency	Start	End
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Admin Instructions: ** HIGH ALERT **	1 tablet	Once	1/9/2020	1/9/2020


Bellevue

HHC HEALTH INFO MGMT
160 Water St
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MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Hospital Medication Detail (continued)

Route: Oral	Dose	Frequency	Start	End
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END OF REPORT
Patient Information

Patient Name: **Elbey, Prinyah Godiah**
Date of Birth: **04/18/1993**
MRN: **3726120**
Sex: **Female**
Medication
ibuprofen (ADVIL, MOTRIN) 400 MG tablet
Order Information

Date: 1/9/2020
Department: Bellevue ED ADULT

Order Providers

Authorizing
Kyle Pasternac

Outpatient Medication Detail

	Disp	Refills	Start	End
ibuprofen (ADVIL, MOTRIN) 400 MG tablet	30 tablet	0	1/9/2020	1/16/2020

Sig - Route: Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain for up to 7 days.
Take with food. - Oral
Sent to pharmacy as: ibuprofen (ADVIL, MOTRIN) 400 MG tablet
E-Prescribing Status: **Receipt confirmed by pharmacy (1/9/2020 10:07 AM EST)**

END OF REPORT
Order
DX Wrist Comp Left [IMG102] (Order 134479545)
DX Wrist Comp Left [134479543]

Electronically signed by: **William Plowe, MD on 01/09/20 0451** Status: **Completed**
Ordering user: William Plowe, MD 01/09/20 0451 Ordering provider: William Plowe, MD
Authorized by: William Plowe, MD
Frequency: Once 01/09/20 0451 - 1 occurrence

Questionnaire

Question	Answer
Reason for Exam	Point tenderness
Is the patient pregnant?	No
Would you like this exam to be performed portably?	No

Result
DX Wrist Comp Left (Order 134479545)
RESULTS

DX Wrist Comp Left [134479545]	Resulted: 01/09/20 0557, Result status: Final result
Ordering provider: William Plowe, MD 01/09/20 0451	Resulted by: Jessica Hu, MD Phillip Guichet, MD


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HHC HEALTH INFO MGMT
160 Water St
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Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

RESULTS (continued)

Performed: 01/09/20 0530 - 01/09/20 0550

Accession number: BEDX2606195

Resulting lab: EMC RAD

Result details

Narrative:

History: Bilateral wrist pain after handcuffs

Technique: DX WRIST COMP RIGHT, DX WRIST COMP LEFT

Comparison: None available.

Impression:

Findings/Impression:

No acute fracture or dislocation. Alignment at both wrists is anatomic, joint spaces are preserved, and articular surfaces are unremarkable. No soft tissue abnormality.

Final report dictated by Phillip Guichet and signed by Jessica Hu, MD, 1/9/2020 5:57 AM

Testing Performed By

Lab - Abbreviation
9 - EMCRad

Name
EMC RAD

Director
Model Lab
Director

Address
5301 Tokay Blvd.
Madison WI 53711

Valid Date Range
01/24/07 1752 - Present

Order
DX Wrist Comp Right [IMG103] (Order 134479546)
DX Wrist Comp Right [134479544]

Electronically signed by: William Plowe, MD on 01/09/20 0451

Status: Completed

Ordering user: William Plowe, MD 01/09/20 0451

Ordering provider: William Plowe, MD

Authorized by: William Plowe, MD

Frequency: Once 01/09/20 0451 - 1 occurrence

Questionnaire

Question

Answer

Reason for Exam

Point tenderness

Is the patient pregnant?

No

Would you like this exam to be performed portably?

No

Result
DX Wrist Comp Right (Order 134479546)
RESULTS

Resulted: 01/09/20 0557, Result status: Final result

DX Wrist Comp Right [134479546]

Ordering provider: William Plowe, MD 01/09/20 0451

Resulted by:

Jessica Hu, MD

Phillip Guichet, MD

Performed: 01/09/20 0530 - 01/09/20 0550

Accession number: BEDX2606193

Resulting lab: EMC RAD

Result details

Narrative:

History: Bilateral wrist pain after handcuffs

Technique: DX WRIST COMP RIGHT, DX WRIST COMP LEFT

Comparison: None available.


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HHC HEALTH INFO MGMT
160 Water St
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Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

RESULTS (continued)

Impression:
Findings/Impression:

No acute fracture or dislocation. Alignment at both wrists is anatomic, joint spaces are preserved, and articular surfaces are unremarkable. No soft tissue abnormality.

Final report dictated by Phillip Guichet and signed by Jessica Hu, MD, 1/9/2020 5:57 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1752 - Present

Order
ECG 12 Lead [ECG1] (Order 134479548)
ECG 12 Lead [134479547]

Electronically signed by: William Plowe, MD on 01/09/20 0532

Status: **Completed**

Ordering user: William Plowe, MD 01/09/20 0532

Ordering provider: William Plowe, MD

Authorized by: William Plowe, MD

Frequency: Once 01/09/20 0533 - 1 occurrence

Questionnaire

Question	Answer
Reason for exam?	Tachycardia

Result
ECG 12 Lead (Order 134479548)
RESULTS

Resulted: 01/13/20 1244, Result status: Final result

ECG 12 Lead [134479548]

Ordering provider: William Plowe, MD 01/09/20 0532

Resulted by: Pedro de Armas, MD

Resulting lab: EMC RAD

Result details

Narrative:

Normal sinus rhythm

Normal ECG

No previous ECGs available

Specimen Information

ID	Type	Source	Collected On
—	—	—	01/09/20 1059

Components

Component	Value	Reference Range	Flag	Lab
Heart Rate	77	BPM	—	EMCRad
PR Interval	180	ms	—	EMCRad
QRSD Interval	64	ms	—	EMCRad
QT Interval	394	ms	—	EMCRad
QTcB Interval	445	ms	—	EMCRad
P-Axis Horizontal	68	degrees	—	EMCRad
QRS Axis	47	degrees	—	EMCRad
T Wave Axis	59	degrees	—	EMCRad


Bellevue

HHC HEALTH INFO MGMT
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Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

RESULTS (continued)
Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1752 - Present

Order
**Ambulatory Referral to Med Primary Care
(MPC) [REF40] (Order 134479553)**
Ambulatory Referral to Med Primary Care (MPC) [134479553]

Electronically signed by: **Kyle Pasternac, MD on 01/09/20 1005**

Status: **Active**

Ordering user: Kyle Pasternac, MD 01/09/20 1005

Ordering provider: Kyle Pasternac, MD

Authorized by: Kyle Pasternac, MD

Frequency: 01/09/20 -

Order comments: Reason for Referral: primary care

Result
**Ambulatory Referral to Med Primary Care
(MPC) (Order 134479553)**
RESULTS
Ambulatory Referral to Med Primary Care (MPC) [134479553]

Result status: No result

Ordering provider: Kyle Pasternac, MD 01/09/20 1005 Result details

Scan on 1/9/2020 0345 by Sophia lanthea Porter: PSYCH OPT OUT (below)



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HHC HEALTH INFO MGMT
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Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

ADULT AND C&A PSYCHIATRY HOSPITAL DIRECTORY
CHOICE AND VISITOR RESTRICTION FORM

FAX OR DELIVER TO: Admitting (Fax #4672, Ext. 4353, RM GD 59)

CLERMONTINE, EL-BEY
CSN: 33246869
DOB: 4/18/1993 (26 yrs) F
MRN: 4040258
Adm Date: 1/9/2020



1. ☒ **CHOOSE NOT TO BE LISTED IN HOSPITAL DIRECTORY:** No information will be given to any caller, and no visitors will be allowed (BHC DEFAULT FOR PSYCHIATRY).

1A. ☐ **OPTION TO ALLOW VISITORS:** If patient/legal guardian chooses to Opt Out, only these individuals MAY visit and receive directory information.

2. ☐ **CHOOSE TO BE LISTED IN HOSPITAL DIRECTORY:** Information will be given to any caller who inquires, and there will be no restrictions on visitation NOT AN OPTION FOR C&A PSYCHIATRY.

2A. ☐ **OPTION TO RESTRICT VISITORS: ADULT:** If patient chooses to be listed, these individuals MAY NOT visit and no information will be given to them. C&A PSYCHIATRY: List additional specific visiting restrictions below.

SIGNATURES

Staff Signature

Title

Date

Patient/Legal Guardian Signature

Date

Patient/Legal Guardian Unable ☐ Refused ☐ to complete information. Opt out until completed.

CLINICAL/ADMINISTRATIVE RESTRICTIONS

3. ☐ **RESTRICTION ON ALL VISITORS:** At request of the clinical or administrative team, visitation is restricted.

RESTRICTION AUTHORIZED BY

TITLE

No Visitors From to or NO VISITORS UNTIL FURTHER NOTICE

Date Date

3A. ☐ **RESTRICTION LIFTED**

Date

4. ☐ **EXCEPTIONS:** Visitors allowed at other than regular visiting hours.

Name From To

Time

Time

EXCEPTION AUTHORIZED BY

TITLE

DRAFT: Revision Date 03.22.10

Scan on 1/9/2020 0345 by Sophia Ianthea Porter: PSYCKES UNABLE (below)



Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Details about patient information in PSYCKES and the consent process:

1. How Your Information Can be Used: Your electronic health information can only be used by your treatment provider to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to all patients
- Notify your treatment providers if you have an emergency (e.g., go to an emergency room)

2. What Types of Information About You Are Included?

If you give consent NYC-HHC BELLEVUE HOSPITAL CENTER can access ALL of your electronic health information available through PSYCKES. This includes information created before and after the date of this Consent Form. The information in PSYCKES may include information from your health records, such as a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays, blood tests, or screenings), assessment results, and lists of medicines you have taken. Care plans, safety plans, and psychiatric advanced directives you and your treatment provider may have developed may also be included. This information may relate to sensitive health conditions, including but not limited to:

- Mental health conditions
- Alcohol or drug use problems
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Sexually transmitted diseases

3. Where Health Information About You in PSYCKES Comes From.

If you received health related services that were paid for by Medicaid, information about those services will be in PSYCKES. If you received services from a State operated psychiatric center, health related information taken from your clinical records will also be in PSYCKES. However, although the information contained in PSYCKES may come from your clinical record, your PSYCKES record is not the same thing as your complete clinical record. PSYCKES information can also be entered by you or your treatment provider. Health information from other databases maintained by NYS is also included in PSYCKES. New health databases may be added to PSYCKES as available. For an updated list and more information about the data available in PSYCKES, visit the PSYCKES website at www.psyckes.org and see "About PSYCKES" or ask your treatment provider to print the list for you.

4. Who May Access Information About You, If You Give Consent.

Only these people may access information about you: NYC-HHC BELLEVUE HOSPITAL CENTER's doctors and other providers who are involved in your care; health care providers who are covering or on call for NYC-HHC BELLEVUE HOSPITAL CENTER's; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

5. Penalties for Improper Access to or Use of Your Information.

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call _____ at _____ ext. _____; or call the NYS Office of Mental Health Customer Relations at 800-597-8481.

6. Re-disclosure of Information.

Any electronic health information about you may be re-disclosed by NYC-HHC BELLEVUE HOSPITAL CENTER's to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information.

7. Effective Period.

This Consent Form will remain in effect until 3 years after the last date you received any services from NYC-HHC BELLEVUE HOSPITAL CENTER's, or until the day you withdraw your consent, whichever comes first.

8. Withdrawing Your Consent.

You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to _____. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from this provider or from the PSYCKES website at www.psyckes.com, or by calling _____ at _____ ext. _____. Note: Organizations that access your health information through NYC-HHC BELLEVUE HOSPITAL CENTER's while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

9. Copy of Form. You are entitled to receive a copy of this Consent Form after you sign it.

Revised 10.11.2016



Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

PSYCKES CONSENT FORM

NYC-HHC BELLEVUE HOSPITAL CENTER

The Psychiatric Services and Clinical Enhancement System (PSYCKES) is web-based application maintained by the New York State (NYS) Office of Mental Health (OMH). It contains health information from the NYS Medicaid database, health information from clinical records, and information from other NYS health databases. For an updated list and more information about the NYS health databases in PSYCKES, visit www.psyckes.org and see "About PSYCKES."

PSYCKES data includes identifying information (such as your name and date of birth), information about health services that have been paid for by Medicaid, information about your health care history (such as treatment for illnesses or injuries, test results, lists of medication you have taken), and information entered by you or your treatment provider into the PSYCKES application (such as a Safety Plan).

The health information in PSYCKES can help your provider care. In this Consent Form, you can choose whether or not to give your provider electronic access to your health information that is in PSYCKES. You can give consent or deny consent, and this form may be filled out now or at a later date. Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent will not be the basis for denial of health services.

If you check the "I GIVE CONSENT" box below, you are saying "Yes, this provider's staff involved in my care may get access to all of my medical information that is in PSYCKES."

If you check the "I DENY CONSENT" box below, you are saying "No, this provider may not see or be given access to my medical information through PSYCKES." THIS DOES NOT MEAN YOUR PROVIDER IS COMPLETELY BARRED FROM ACCESSING YOUR MEDICAL INFORMATION IN ANY WAY. FOR EXAMPLE, IF THE MEDICAID PROGRAM HAS A QUALITY CONCERN ABOUT YOUR HEALTHCARE, THEN UNDER FEDERAL AND STATE REGULATIONS YOUR PROVIDER MAY BE GIVEN ACCESS TO YOUR DATA TO ADDRESS THE QUALITY CONCERN. QUALITY CONCERNS HELP HEALTHCARE PROFESSIONALS DETERMINE WHETHER THE RIGHT SERVICES ARE BEING DELIVERED AT THE RIGHT TIME TO THE RIGHT PEOPLE. THERE ARE ALSO EXCEPTIONS TO THE CONFIDENTIALITY LAWS THAT MAY PERMIT YOUR PROVIDER TO OBTAIN NECESSARY INFORMATION DIRECTLY FROM ANOTHER PROVIDER FOR TREATMENT PURPOSES UNDER STATE AND FEDERAL LAWS AND REGULATIONS.

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have two choices:

☐ I GIVE CONSENT for this provider to access ALL of my electronic health information that is in PSYCKES in connection with providing me any health care services.

☐ I DENY CONSENT for this provider to access my electronic health information that is in PSYCKES; however, I understand that my provider may be able to obtain my information even without my consent for certain limited purposes if specifically authorized by state and federal laws and regulations

CLERMONTINE, EL-BEY
CSN: 33246869
DOB: 4/18/1993 (26 yrs) F
MRN: 4040258
Adm Date: 1/9/2020



Print Name of Patient

Date of Birth of Patient

Pt UNABLE

1/9/2020

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable) Relationship of Legal Representative to Patient (if applicable)

[Signature]

Sophia Porter

Signature of Witness

Print Name of Witness

Scan on 1/9/2020 0422 by June Bennett (below)



HHC HEALTH INFO MGMT
Bellevue
 160 Water St
 New York NY 10041

Patient: Elbey, Prinyah Godiah
 MRN: 3726120, DOB: 4/18/1993, Sex: F
 Acct #: 201306244
 Admit: 1/9/2020, Discharge: 1/9/2020

1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P. 1

Prehospital Care Report Summary

FDNY

Date: 01/09/2020 Call #: 0301 Booklet: 86169737 Branch: STA07 Time Zone: America/New_York

Call Information:

Disposition: Treated/Transported (10-62)
 Initial Patient Acuity: Stable
 Unit #: 07C1 - 07C Tour 1: 2300-0700, Ground-Ambulance - BLS Trip Type: Initial Trip
 Run Type to Scene: Emergent (Immediate Response)
 Incident Facility:
 Incident Location: W 34 ST/7 AVE - Manhattan, NY 10120 (New York County)
 Incident Location Type: Public Building

Patients Transported

In My Unit: 1
 # Patients at Scene: 1

Receiving Facility: 2 - Bellevue (Hospital) - 472 1 Avenue - NY, NY 10016
 Facility Address: 472 1 Avenue - NY, NY 10016
 Destination Type: Hospital Emergency Dept
 Dest. Reason: Nearest/Most Accessible Facility
 Hospital Capability: Hospital (General)
 Condition of Patient At Destination: Unchanged
 Registration #: N/A
Online Medical Control
 Authorization Type: Protocol

Call Received: 02:42:44
 Dispatched: 02:43:12
 En Route: 02:43:16
 On Scene: 02:48:58
 Patient Contact: 02:48:58
 Left Scene: 02:58:59
 At Destination: 03:06:21
 Transfer of Care: 03:17:12
 In Service: 03:31:58

Time On Scene: 10 Min
 Time to Destination: 23 Min
 Total Time of Run: 49 Min

Loaded Mileage: 1.4 (Total Mileage: 1.4)

Crew Members: James Ward #2396, EMT Basic(DS)/(DH), James Acevedo, EMT Basic(DOC)

Moved to Amb By: Stretcher Transport Position: Semi/Full Fowlers From Amb By: Stretcher

Call Origin: N/A Lights/Siren: Scene - No Lights and Sirens, Destination - No Lights and Sirens

Patient Information:

Name: el-bey clermontine
 Address: 40 ann st #2ba - ny, NY 10038
 Phone:
 Email:
 SSN:
 Driver License:

DOB: 04/18/1993
 Gender: Female
 Age: 26 Years
 Weight: 150 lbs, 68.04 kg
 Broselow:

Other Contact Info

Name: Phone: Cell Phone:
 Relationship:

Current Meds: * NO KNOWN MEDICATION
 Env Allergies: NKA
 Med Allergies: * NO KNOWN ALLERGIES (NKA)
 Patient Physician:
 Advanced Directives:
 PMH: None
 Comment:
 Patient Physical Limitations:
 Comment:
 Pregnancy: No

Comments:
 Comments:
 Comments:

Payer Information:

Work Related: No

Priority:	Name: Self Pay	Type: Self Pay	Policy #:	Group #:
Policy Holder:	Apf		Phone:	DOB:
Relationship of Patient to Insured:				
40 ann st, Apt 2ba, ny, NY 10038				

Advance Beneficiary Notice

Not a Medical Necessity: No

Non Covered Service: No

NYC Health + Hospitals - Bellevue, 160 Water St, New York, NY 10041, 212-512-3121, www.nyc-hh.org, 10041-10041, 10041-10041



Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P. 2

Mileage Beyond Closest Appropriate Facility: No
Requested Service:
Representative Relation:

Preferred Physician: No

Clinical:

Onset Date/Time: 01/09/20 02:45:35
Last Known Well Date/Time: 01/09/20 02:43:36
Dispatch Reason (EMD): EDP EDP - Psychiatric Patient
Medical Need:

Chief Complaint (Primary): behavioral disorder Duration: 1 Minutes
Anatomic Location: Head
Provider Impression: Not Listed (Specify in Narrative)
Was this event weather related?: No
Mechanism of Injury:
Protocol 1:

Protocol 2:

Assessments:

Time	Employee	Type	Summary
03:01:23	Acevedo, James	ABC	<p>Continued Resuscitation: Airway: General: Patent Breathing: Rate: Normal Quality: Unlabored Lung Sounds: Left: Clear Lung Sounds: Right: Clear Circulation: General: Normal Skin Color: Normal Skin Temperature: Normal Skin Condition: Normal Skin Capillary Refill: Normal</p>
03:01:33	Acevedo, James	Neurological	<p>Mental Status: Normal Neurological: All Neuro Normal AVPU: Alert</p>
03:02:27	Acevedo, James	Head To Toe	<p>Head and Neck: Normal Left Eye: PERRL Right Eye: PERRL Neck: Normal</p>

Vitals:

Time	Employee	Summary
02:49:27	Acevedo, James	<p>BP: Systolic Refused/ Diastolic Refused Pulse: Refused Resp: 18 Effort: Normal Glasgow Coma Score: E (Unable to complete) + V (Unable to complete) + M (Unable to complete) = N/A - Adult</p>
03:01:27	Acevedo, James	<p>BP: Systolic Refused/ Diastolic Refused Pulse: Refused Resp: 18 Effort: Normal Glasgow Coma Score: E (Unable to complete) + V (Unable to complete) + M (Unable to complete) = N/A - Adult</p>

Treatments/Medications:

Time	Employee	Summary
03:01:40	Acevedo, James	<p>Treatment: 1 - BLS Assessment Attempts: 1 Success: Yes Response: Unchanged Complication: None Authorization Type: Protocol Level: BLS</p>

Supply

Qty Supply

01/09/2020 02:35 AM FROM: Physio-Control TO: +12125625138 P. 2

NYC
HEALTH+
HOSPITALS

Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
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Admit: 1/9/2020, Discharge: 1/9/2020

1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P. 3

ECG Device Incident Number:

PowerFields:

PowerField

CC / PI / MOI - Provider Impression - Primary Impression - Did call type match presenting problem?

Value

Yes

Narrative History Text:

PT 26 year old female found handcuffed in police custody after a she began kicking police while in elevator being ejected from train station. pt. refused all vitals transport to hosp. # 02 for evaluation monitor enroute.

Unable to Sign:

Unable to Sign Reason: Physically Incapable

Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No

Secondary Documentation: Unable to obtain secondary documentation

Secondary Documentation Signature: No

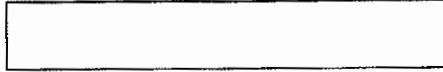
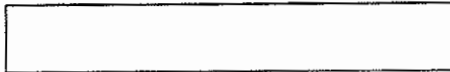
Comment:

Auth Signature: No Privacy Sig: No Unable to Sign: Yes Refused to Sign: No

Signature Image(s):

Authorization Signature

Privacy Notice Signature



Receiving RN / MD Signature - Jessica Porter - 01/09/2020 03:17

PN or "None" is an UNACCEPTABLE entry. Crew members MUST document the PN or Nurse's FULL NAME

Technician Signature - Acevedo, James - 01/09/2020 03:28

Scan on 1/9/2020 0343 by Sophia lanthea Porter: UNABLE (below)


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

ACKNOWLEDGMENT OF ADVANCE DIRECTIVES

Bellevue
ADVANCE DIRECTIVES

Advance directives are defined as written or oral instructions concerning the provision of health care when a patient no longer has the capacity to make such decisions.

There are four (4) types of Advance Directives:

1. **Health Care Proxy** Appointing a person who would make health care decisions for the patient when the patient cannot make decisions for him/herself.
2. **Psychiatric Advance Directive** Advance instructions on how you want to be treated when you have a mental health crisis or are hospitalized.
3. **Living Will** Advance instructions provided by the patient about their future course of medical treatment when they no longer have the capacity to make such decisions.
4. **DNR (Do Not Resuscitate)** Advance instructions by the patient stating that he/she refuses to be brought back to life in the case that their vital organ system fails.

Medical Health Care Proxy forms are available in the Patient Advocacy Office, GD-90 or on the internet at:

<http://www.health.state.ny.us/home.html>

Click 'Info for Consumers' and then select 'Health Care Proxy' from the list.

More information and forms concerning Planning for your Mental and Physical Health Care and Treatment can be found on the internet at: www.nyaprs.org



Bellevue

HHC HEALTH INFO MGMT
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Admit: 1/9/2020, Discharge: 1/9/2020

ACKNOWLEDGMENT OF ADVANCE DIRECTIVES



Bellevue

We are required by law to ask you the following questions:

Do you need an interpreter?
If YES, Interpreter sign below

☐ YES ☒ NO

CLERMONTINE, EL-BEY
CSN: 33246869
DOB: 4/18/1993 (26 yrs) F
MRN: 4040258
Adm Date: 1/9/2020



Interpreter _____ ID Number _____ Language Eng

1. Have you completed a Medical Health Care Proxy? (Designated someone who can make health care decisions if you are not able) if: ☐ Yes ☐ No

Name of Health Care Proxy/Agent _____ Telephone Number _____

2. Have you completed a Psychiatric Advance Care Directive? (It states your choice on how you want to be treated when you have a mental health crisis or hospitalization) IF: ☐ YES, GO TO #3 ☐ NO, GO TO #4

3. Do you have a copy of this form with you? ☐ YES (Copy for Chart) ☐ NO, GO TO #4 ☐ Copies in Chart

4. If you have not completed your Medical or Psychiatric Advance Directive, or you do not have a copy, would you like to complete one?

a) Medical Health Care Proxy ☐ YES (fax to 3366) ☐ NO b) Psychiatric Advance Directive ☐ Yes (Receive Information) ☐ No

5. Would you like to have a discussion to learn more about Medical Health Care Proxy?
☐ YES (fax to 3366) ☐ NO

6. Would you like to have a discussion to learn more about Psychiatric Advance Directives?
☐ Yes (Direct to CPEP social worker) ☐ No

"I acknowledge receipt of the booklet *Your Rights as a Hospital Patient in New York State* prepared by the New York State Department of Health, and of ADVANCE DIRECTIVES education."

Patient's Signature Pt unable

Date 1/9/2020

OR

Signature of Patient's Representative _____

Relationship to Patient _____

Hospital Staff Representative _____

Date 1/9/2020

* Patient unable to sign ☒

* Patient refuses to sign ☐

* STATE REASON Pt unable/Agitated

REFERRED TO PATIENT ADVOCACY FOR THE FOLLOWING:

Date _____ Time _____
fax to 3366

☐ Patient wants additional information

☐ Patient wishes to complete Health Care Proxy

☐ Education not possible (Patient unresponsive, Trauma, OR)

☐ Living Will

Advocate's Signature _____

Revised 3/14


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Document on 1/9/2020 1534 by Dawa Lhamo Dadak, RN: Visit Summary - Emergency Department (below)

AFTER VISIT SUMMARY

El-Bey Clermontine MRN: 4040258


Bellevue

1/9/2020 Bellevue ED ADULT 212-562-4141

Instructions



Your medications have changed

START taking:
ibuprofen (ADVIL, MOTRIN)

Review your updated medication list below.


Pick up these medications at Bellevue Hospital
Center Pharmacy - New York, NY - 462 1st Ave.
ibuprofen

Address: 462 1st Ave., New York NY 10016
Phone: 212-562-2289

Ambulatory Referral to Med Primary Care (MPC)
Scheduled for 1/30/2020
Expires: 7/7/2020 (requested)

What's Next

JAN 30 2020 Follow Up Visit
Thursday January 30 1:20 PM
Ambulatory Care Building: 2nd Floor

Bellevue Primary Care
462 1st Ave
New York NY 10016
844-692-4692
Arrive at: AMB Care:
Area 2C

Today's Visit

You were seen by Allon Mordel, MD and
WILLIAM PLOWE, MD

Reason for Visit
Bilateral wrist pain

Diagnosis
Pain in both wrists

Imaging Tests

DX Wrist Comp Left
DX Wrist Comp Right
ECG 12 Lead

Medications Given

acetaminophen (TYLENOL) last given
at 4:55 AM
HYDROcodone-acetaminophen
(NORCO) last given at 10:00 AM
ibuprofen (ADVIL, MOTRIN) last given
at 6:27 AM
ketorolac (TORADOL) last given at
10:00 AM


CHART

With MyChart, you can... Message your
doctor... Request refills... See test results...
See your visit summaries and upcoming
appointments and much much more...

To sign up go to <http://mychart.nychealthandhospitals.org>,
click "Sign Up Now", and enter personal
activation code: **XX25J-97ZSJ**
Expires: 4/8/2020 3:34 PM.

Additional Information:

If you have questions, you can go to
<https://epicmychart.nychhc.org/help>
to contact our MyChart staff. Remember,
for emergencies, always call 911 - do not
use MyChart.

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in
our Emergency Department and instructions about caring for yourself
after you leave the Emergency Department. If you have further
questions concerning this visit please call us at the included phone
number above on this form. Please keep this form and bring it with you
should you need additional treatment. If your symptoms become worse
or you are not improving as expected and you are unable to reach your
usual health care provider, or get to your follow-up appointment, you
should return to the Emergency Department immediately. We are
available 24 hours a day.

El-Bey Clermontine (MRN: 4040258) • Printed at 1/9/20 3:34 PM

Page 1 of 4 **Epic**



HHC HEALTH INFO MGMT
Bellevue
 160 Water St
 New York NY 10041

Patient: Elbey, Prinyah Godiah
 MRN: 3726120, DOB: 4/18/1993, Sex: F
 Acct #: 201306244
 Admit: 1/9/2020, Discharge: 1/9/2020

General Emergency Department Discharge Instructions (continued)

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Instructions



Your medications have changed



START taking:
ibuprofen (ADVIL, MOTRIN)

Review your updated medication list below.

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications **may have been changed** by the Emergency Department provider who evaluated you. These changes **may** include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. **Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.**


Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Changes to Your Medication List

START taking these medications



ibuprofen 400 MG tablet
Commonly known as: ADVIL, MOTRIN

Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain for up to 7 days. Take with food.

Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

Thank you for being a patient at BELLEVUE ED ADULT today. If your prescription was sent to the internal hospital pharmacy, please keep this paper for your records and provide to the pharmacist when you arrive. Thank you again!

Patient EMPI: 100464818 - For Internal Pharmacy Use Only



100464818



10100464818



Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper ongoing treatment of my complaint/diagnosis.
- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

Patient/Representative Signature

Relationship to Patient

Date

Time

Witness

Date

Time

El-Bey Clermontine
CSN: 33247024
DOB: 4/18/1993
female
MRN: 4040258
Adm Date: 1/9/2020



NYC
HEALTH+
HOSPITALS

Bellevue

HHC HEALTH INFO MGMT
160 Water St
New York NY 10041

Patient: Elbey, Prinyah Godiah
MRN: 3726120, DOB: 4/18/1993, Sex: F
Acct #: 201306244
Admit: 1/9/2020, Discharge: 1/9/2020

END OF REPORT



New York City Transit
Department of Law

Claim Against NYC Transit for Personal Injury

Your notarized claim must be filed either **personally** or by **registered** or **certified** mail within 90 days from date of accident at the office of the New York City Transit Authority, 130 Livingston Street, 10th Floor, Brooklyn, New York 11201-5109 (if your claim is not settled, you have one year and 90 days from the date of accident to commence a lawsuit).

TO THE NEW YORK CITY TRANSIT AUTHORITY:

I herewith present my claim against the NYC Transit Authority for personal injuries sustained in the following manner:

Claimant's Name Queen, Michael Anthony Social Security No. 111-11-1111 Age 27
 Claimant's Full Address 40 Ann Street H 23A Apt. No. 203A
 City New York State Ny Zip 10038
 Home Phone No. _____ Business Phone No. _____
 Claimant's Occupation Disablo
 Date of Accident January 8, 2020 Time Between 8pm/12am AM / PM
 Location of Accident Penn Station 7th & 34 Street Borough Manhattan Direction 1, 2, 3 Line
 State Whether: Subway 1, 2, 3, A Elevated Line 1, 2, 3 Bus 34 Other _____
 Car or Bus No. _____ Direction _____ Operator's Name / Badge No. _____

Description of Accident On January 8, 2020 I got on the A line train to used the public Bathroom before transfer to the 2 train. I was Affack By Officer Chocilla & His partner in Crime, I am disable in wheel chair

Witnesses to Accident—Names and Addresses Call A.D.A for the witnesses & 71st

Edward Johnson (917) 960-1178. Was illegal cuffs without my right to was for without know why

My Injuries Consisted of Arms, Neck, Back, Cuts, PTSD & so much

Name and Address of Doctor My PCP @ 253 East 142 Street, Bronx NY 10451

Name and Address of Hospital, if any They force me to Psychward without my permission @ Bellevue Hospital

Amount of Hospital Expenses I Don't know Medical Expense \$1800

Lost Earnings _____ Other Expenses My Psychiat ID's. Wheelchair Parts \$1500 to replace

Dated 12/23/2020 Notary Public, State of New York to replace Poles \$800 to replace

Sworn to before me this 23rd day of December 2020 Some of my world ID's with City go

Notary Public, Commissioner of Deeds MARTHA B. FARRELL (Signature of Claimant) Queen, Michael Anthony
Payne S Elby

(no subject) - premdays.inc@gmail.com - Gmail



Gmail



Compose

Inbox

1

Starred

Snoozed

Sent

Drafts

39



Mta complaint folder

2



MTA

More



Premdays.



(no subject) Inbox x

Oribyah Godiah NMIAA Payne's El-Bey

to me

I was attack at Penn State 34 street 7 Ave by mta police offi
and harrass and touch certain places several times by office
in P A so i asked her csn i bri g her the holidays gift i got for
friend whom work at Penn station Jenny. Several complaint
properties of mine lefts also that officer called 911 tried to l
her to give to her father for me since she works 11/7 am afte
grabbed me an handcuff after he called another officer over,
him to instagram and block him from harrassing mw here ak
orman book i was reading that i had my December investme
He an the othee offer that was

in the elevator told me that "I can rapped you a kills you and
including his sergeant major him told meif i don't stop screa
#2477 push me broke my wheel dragged out from the eleva
was secen white against a none white person . Those hite r
violete my rights. Officer crocilla say your were brought as a
with my social security card is gone #me2movement @me:
@nycmayorsoffice @nycmayor @nyc311 @nyc_311 @nyc:

Reply

Forward

No recent chats
Start a new one



Operations Support
Customer Relations

Customer Assistance Record of Information Received

Date Reported 1/10/20	Customer's Name Riyal Sohal Puri's E1-Box			Ref. No.	
Time Recorded 4:10 PM	Address 40 Ann Street # 2B7			<input type="checkbox"/> 1 Complaint <input type="checkbox"/> 2 Commendation <input type="checkbox"/> 3 Suggestion <input type="checkbox"/> 4 Accident Report <input type="checkbox"/> 5 Delay Verification <input type="checkbox"/> 6 Refund Requested <input type="checkbox"/> 7 Other	
Received by Name Puri	City NY	State NY	Zip Code 10038	<input checked="" type="checkbox"/> Phone Call <input type="checkbox"/> Letter <input type="checkbox"/> Visit <input checked="" type="checkbox"/> Email	
Title Super	Telephone No. (212) 804-8688 (212) 999-7378			Is this a mobile phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass # M183					
EMAIL premdays.snc@gmail.com					

Description of Incident, Suggestion or Commendation

<input type="checkbox"/> Rapid Transit <input type="checkbox"/> Surface <input type="checkbox"/> Other	Date	Route	Vehicle or Booth No.	Directions	Station/Bus Stop/Intersection
	Time a.m. p.m.			<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Other	

- Personnel**
- ☒ Alleged Assault by Employee
 - ☐ Closed Doors on Passengers
 - ☐ Failure to Act Against Fare Evasion
 - ☐ Failure to Announce Delay/Route
 - ☐ Failure to Assist Passenger or Call Police
 - ☐ Failure to Identify Self or to Display Badge
 - ☐ Passengers Discharged
 - ☐ Reckless Driving
 - ☐ Refused to Accept Sr. Citizen/Disability ID
 - ☐ Rudeness
 - ☐ Shortchanging
 - ☐ Transfer or Block Ticket Dispute
- Service**
- ☐ Bus Bunching
 - ☐ Bypassing
 - ☐ Delays
 - ☐ Express Bus Off Schedule
 - ☐ Locked Turnstile
 - ☐ Long Headways
 - ☐ Overcrowding
 - ☐ Poor Connections
 - ☐ Toilets

- Equipment**
- ☐ Defective Heating/Cooling (circle)
 - ☐ Defective Lighting
 - ☐ Defective Turnstile
 - ☐ Leaks/Puddles (circle)
 - ☐ Failure to Announce Delay/Route
 - ☐ Littered Car/Bus/Station (circle)
 - ☐ Odors in Station
 - ☐ Rats/Roaches (circle)
 - ☐ Seats Dirty/Wet (circle)
- Miscellaneous**
- ☐ Derelicts
 - ☐ Disorderly Passengers
 - ☐ Fare Evasion
 - ☐ Graffiti
 - ☐ Insufficient Police Coverage
 - ☐ Passenger Assaulted or Robbed

Employee's Description ATA officer Croculla	Badge # 2477
--	-----------------

Please be Aware: In the event our investigation results in disciplinary action against the NYC Transit Employee, it may be necessary for you to testify at an administrative hearing to sustain the charges. If it becomes necessary, would you be willing to testify? ☐ Yes ☒ No

Substance of Report

(1) Officer Croculla have been harassing me since January 3, 2020 I went to visit my friend Terry whom work for Fed Express station her father dying from Cancer after getting the gift I give to her father I left the Bathroom as I turn the corner Officer Croculla pull his blinker on turn his car light in my eye he reach out grab my light I start screaming he left the he turn around block me so I get his car pick up my wheel chair from the back I dropped me when I started to scream he told me an disturbing the peace he called another officer over the driver my wheel chair so I can't walk my

Action Taken - Referred to (Dept. & Person)

Crocille threw me on the floor cut my pants
 strap that was around me start going to my
 Personal Property when I was on the floor I saw
 Officer Crocille took my Check Book, my Florida
 Driver License with my home Florida in it, my SSN,
 my ID card, Book Women with money that have copies of
 my Bank Statement inside it he took it, copy of my
 valuations that my Doctor did for me for access-
 I took that they also destroy my wheelchair

Cont Page 1

MTA NYC TRANSIT
 CORPORATE COMMUNICATIONS
 2020 JAN 10 P 6:54
 CUSTOMER SERVICE
 RECEIVED

2

during the course of my personal
 property & fuck up my school computer
 & took personal items from. I want thou
 office charge for HARASSMENT, Assault
 Bullying & theft of my personal property
 along with destroy of my personal property
 my insurance refused to pay for a
 new wheelchair. Those white men
 MTA at Penn station should not be
 there I saw what they've done to the
 homeless people there & I have video.
 When I was inside the ambulance the
 other officer was touching me while
 was striping me in hand cuff. I am a
 muslim my Religion & my Human Rights
 been violet. I want Justice. I was told
 by officer Croculla its my words against him.
 Now he know's where I live he can rapped me & tell
 me set away with it.

Rayah Jodiah N/M/AA
 Page 5 of 5
 E. Bey

Jan 10, 2020

③

I do not feel safe at all in NYC nor
 in my home, I have to keep looking around
 my shoulder. I don't trust anyone
 feel safe at all from NYC police officers
 officers the 26 precinct at 520 West
 126 St told me they are NYPD not
 MTA I have to deal with MTA & they
 told me when I got out of the Hospital
 goes to 3 stones. File a Complaint.

MTA NYC TRANSIT
 CORPORATE COMMUNICATIONS
 2020 JAN 10 P 6:54
 CUSTOMER SERVICE
 RECEIVED

(2)

when we were there they were over the moon for me
 Officer Smoking Cigar Right in Front of the
 elevator, I pull out my Phone Android Camera
 start recording then just in case as I get thru
 by then in order to get into the elevator
 I was able to get into the elevator made my way
 into the bathroom got there they told me
 Jenny was Running late so I decide to let
 a Chinese apple to tell the true Jenny finally
 show up around 11:20/11:30pm. We talked for a
 while and I gave her the gifts for her dad. As
 I was leaving the Female Bathroom turning the
 corner officer Mtn Crocilla Blanks four times
 his police Car so Bright in my eyes I couldn't
 see all I told myself grab my phone & start
 record he then came so closed push me against
 the wall GRABBED my tight I Slap his hand
 when I did he told me Bitch you should never
 disobey an officer touching you and I
 Can touch you anywhere I want I dream of
 Fucking a negro Bitch like you, I start
 screaming loud for help then he left he
 turns around park his Car Right in front of
 me talking saying I Can Rap you & kill you
 no one will know I have been doing this for long
 long times & I got away with Shit he blocks
 me from moving so I was force to pack my
 wheelchen he then grabbed my wheelchen from
 the back lift it and dropped it I start screaming
 leave me alone he then call over another officer
 officer of his say an disturbing the peace I was
 not talking to fast am trying not to fall

I was again I got on the phone call 11, 5:11 &
 internal affair few days later got a call
 from a gentleman whom said he was a Sergeant
 he left me a voice message at my (646) # and
 the gentleman said he name was Sergeant
 Hussein his #'s are (212) 878-1182, (646) 252-57
 we met and he took a copies of my Recording
 video's. the next day the elevator Broke where
 I needed to get off so the next stop was 34 per
 where elevator is I can cross over so back
 in order to used the elevator to cross over so I
 can get off to the Train Station I needed too, while I
 was getting across he show off he said prom days.
 I never save this officer my name so I ignored him
 then he said back in the old days White men
 in Rapes Negroes Bitches like yourself. It was
 pride for them, fine by that society now negro
 wants Reparation I want to show you negro with
 my white dick as he grab his pant, I ignored
 him and two old white lady show up got in the
 elevator at the A line penn station he left. aga.
 I call the Sergeant Hussein gave him the video after
 that I've done everything possible is to not go to
 that train station. He then started posted threaten
 harassing things on my Instagrams, I reached
 to Instagram file complaints against him, he even
 send me his picture in my Instagram account
 Instagram finally Block him from reach out to
 me. the on January 2, 2020 Jenny call me told
 me she's working 11pm till 7AM after that she's
 setting in the bus to go visit her father whom
 sick dying with Cancer I told her I will love to
 go but I have class but I have the Holiday gifts
 got your dad Can you please give it to him for me
 + I will dropped it at after class so after class

of my wheelchair I felt on top of my purse then I
 cut my purse that was bopped around me stars
 going inside looking into my personal properties
 then he kick me when he did I realized there
 two officers inside this elevator could help
 me, caused they kept saying you have no help
 as I scream for help for 911. after he kick
 me he open my wallet, took my Florida
driver license, my SSA Card, copy of my medical
record I got that I had to renewed my pacemaker
 with aCCes VR the doctor took out the paperwork
 he took that, he took my aCCes VR health evaluate
 forms, my Suge Olman women with Money I
 had my TD Bank Statement inside of it he took
 that and he took my personal Check book.
 after I scream and screams inside the elevator
 they were laughing they dragged me from
 the elevator to the street while handcuffs they
 put me to sit on top of ~~the~~ handcuff that
 was so tight my wrist start bleeding I ask
 for ambulance when ambulance arrived there
 were 3 other officers MTA there one was he
 Sergeant in white shirt telling me to shut
 the fuck off before he pull out his light pen
 14 in my mouth I kept screaming people pass.
 By looking no one come to help, when the ambul
 came told them am paraplegic the guy laugh ask
 how did I got into the floor told him officers
 on 911 a throws me out of my wheelchair I am in pain.

"Crocodile" told them make sure she sit on his
 hand cuff, I was screaming in pain he put his
 feet on my chest then the other officer
 whom was with ~~the~~ him inside the elevator
 got in the ambulance while my wheelchair &
 staffs was search by the rest of his friends
 the guy from the ambulance said those damned
 africa negro African American have it
 made, so Officer Crocodile partner not in
 the ambulance with me while Officer Crocodile
 follow like I was a criminal, when got at the
 they put tape in my mouth so I wouldn't speak
 they brought me to Psych Unit when got
 there told the Doctor what happen she said
 my waist bleeding asked them to remove it
 leave, Psych discharge me right then &
 there to medical told them this guy
 girl in 4 belong in Psych she is bleeding
 she belong to medical after treated @ medical
 I was then transfer @ Lenox Hill to be
 monitor because I have a heart bill to be
 chest that know Hill monitor so I was
 transfer there & I got discharge July 10 2020
 @ 11:45 Am. from Lenox Hill.

when they got into the elevator he threw me out
 my wheelchair & felt on top of my purse then he
 at my purse that was wrapped around me start
 ing inside looking into my personal properties
 when he lick me when he did I realized those
 two officers inside this elevator could rape
 me, caused they kept saying you have no help
 & I scream for help for 911. after he hear
 & he open my wallet, took my Florida
 driver license, my SSA Card, copy of my medical
 record I got that I had to renewed my passport
 with aCCAs VR the doctor pick out the paperwork
 I took that, he took my aCCAs VR health evaluation
 ring, my Suze Orman Women with Money I
 and my TD Bank Statement inside of it he took
 out and he took my personal Check book
 floor & I scream and screams inside the elevator
 they were laughing they dragged me from
 elevator to the street while hand-cuffs they
 at me to sit on top of ~~the~~ handcuff that
 was so tight my wrist start bleeding & call
 an ambulance when ambulance arrived there
 were 3 other officers MTA there one was his
 sergeant in white shirt telling me to shut
 & fuck off before he pull out his dick put
 it in my mouth I kept screaming people passing
 & looking no one come to help, when the ambulance
 & told them am paraplegic the guy laugh ask
 & what I got into the floor told this officer
 was 11a throw about a million dollar in officer



New York City Transit
Department of Law

Claim Against NYC Transit for Property Damage

Your notarized claim must be filed either **personally** or by **registered** or **certified** mail within 90 days from date of accident at the office of NYC Transit, 130 Livingston Street, 10th Floor, Brooklyn, New York 11201-5109 (if your claim is not settled, you have one year and 90 days from the date of accident to commence a lawsuit).

TO NYC TRANSIT:

I herewith present my claim against NYC Transit for property damage sustained in the following manner:

Claimant's Name (print) Prinjal Socha Social Security No. 77441111 Age 31
 Claimant's Full Address 110 E. 11th St. Apt. No. 2B
 City NYC State NY Zip 10003
 Home Phone No. 73409957318 Business Phone No. _____
 Date of Damage 10 May 2020 Time 10:30 PM AM / PM
 Place of Accident 34th St 7th Av Penn Station Borough NYC
 State Whether: Subway _____ Elevated Line _____ Bus _____ Other _____
 Car or Bus No. _____ Direction _____ Operator's Name / Badge No. _____

If your automobile or truck was involved, please provide the following information regarding your vehicle:

Name and Address of Registered Owner _____
 Your Plate No. _____ Year and Make _____
 Name of Driver _____ Driver's License No. _____
 Driver's Address _____
 If Damage is to Property Other Than a Vehicle, Specify Type of Property _____
 Description of Accident _____

Description of Damage was struck by Backup driver of Uber car by Mr. [unclear] on 10 May 2020 at Penn Station. The car struck the back of my car, causing damage to the rear end.
 Names and Addresses of Passengers in Auto or Truck _____

Names and Addresses of Witnesses to Accident Prinjal Socha 77441111

Estimated / Actual Cost of Repairs (attach Itemized Statement) \$ _____ Collision Insurance? _____

Company Name / Policy No. _____ Has Claim Been Made against Company? _____

Any Prior or Subsequent Accidents _____

Date _____

Sworn to before me this

day of May 2020

CHRIS RAMIREZ

NOTARY PUBLIC STATE OF NEW YORK

Notary Public

No. 01RA6227971

Commissioner of Deeds

Qualified in New York County

My Commission Expires 09-07-2022

(Signature of Claimant)



New York City Transit
Department of Law

Claim Against NYC Transit for Personal Injury

Your notarized claim must be filed either **personally** or by **registered** or **certified** mail within 90 days from date of accident at the office of the New York City Transit Authority, 130 Livingston Street, 10th Floor, Brooklyn, New York 11201-5109 (if your claim is not settled, you have one year and 90 days from the date of accident to commence a lawsuit).

TO THE NEW YORK CITY TRANSIT AUTHORITY:

I herewith present my claim against the NYC Transit Authority for personal injuries sustained in the following manner:

Claimant's Name (print) Pringah Godiah 7/11/11 page 5 81-11-11 Social Security No. _____ Age 26
 Claimant's Full Address 40 Ann Street Apt. No. 231
 City New York State NY Zip 10038
 Home Phone No. (754) 999-7318 Business Phone No. _____
 Claimant's Occupation Disable
 Date of Accident January 8, 2020 Time Between 10/12/21 AM / PM _____
 Location of Accident 34 Street Penin station Borough NYC Direction West
 State Whether: Subway Between 1/2/3 - A Elevated Line _____ Bus 34 St Other _____
 Car or Bus No. _____ Direction _____ Operator's Name / Badge No. _____

Description of Accident _____

Witnesses to Accident—Names and Addresses _____

My Injuries Consisted of _____

Name and Address of Doctor _____

Name and Address of Hospital, if any Bellevue Hospital when Lenox Hospital

Amount of Hospital Expenses _____ Medical Expense _____

Lost Earnings _____ Other Expenses _____

Dated _____

Sworn to before me this

8th day of April 19-2020

CHRIS RAMIREZ

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RA6227971

Notary Public

Commissioner of Deeds

Qualified in New York County.

My Commission Expires 09-07-2022

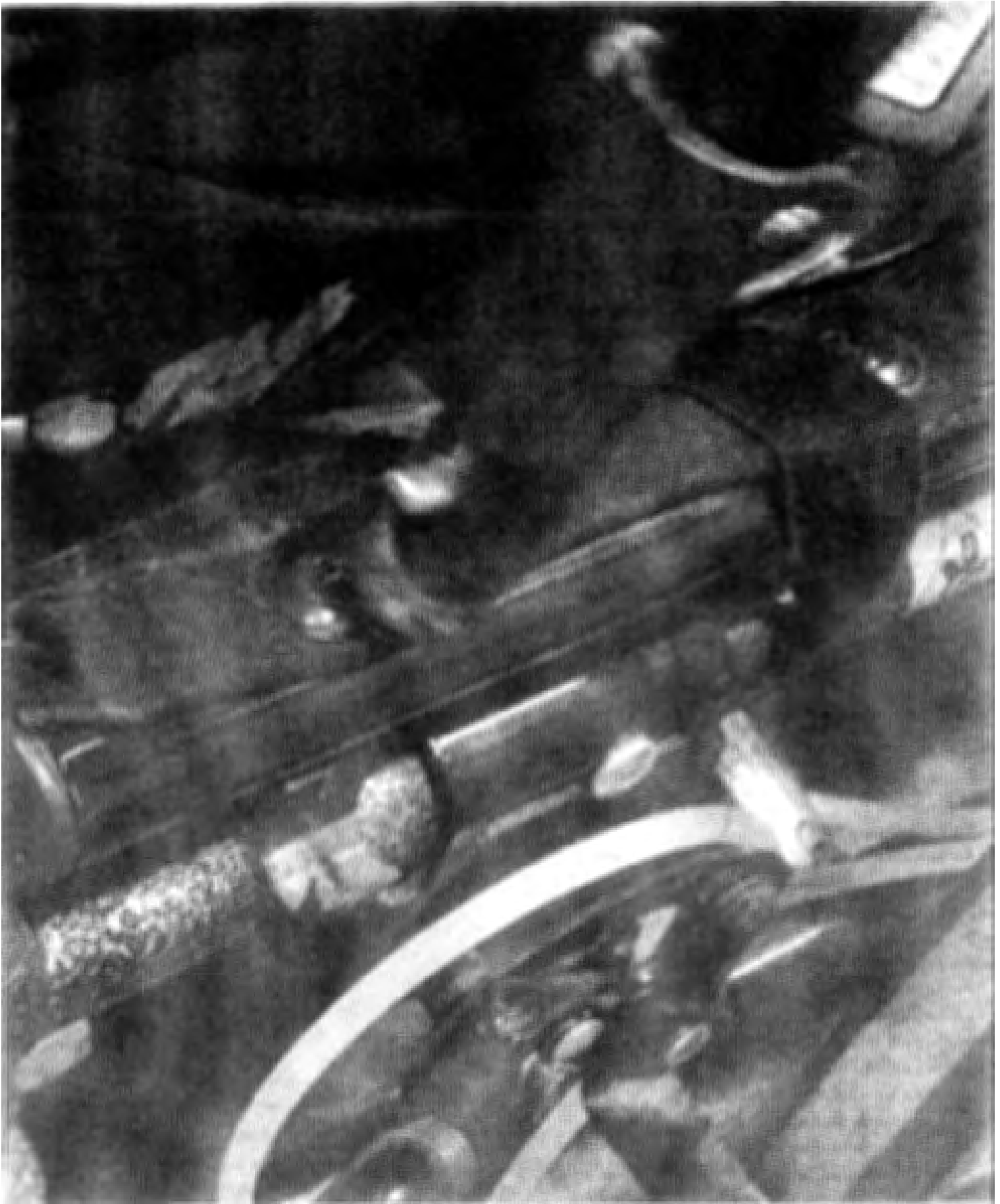
(Signature of Claimant)



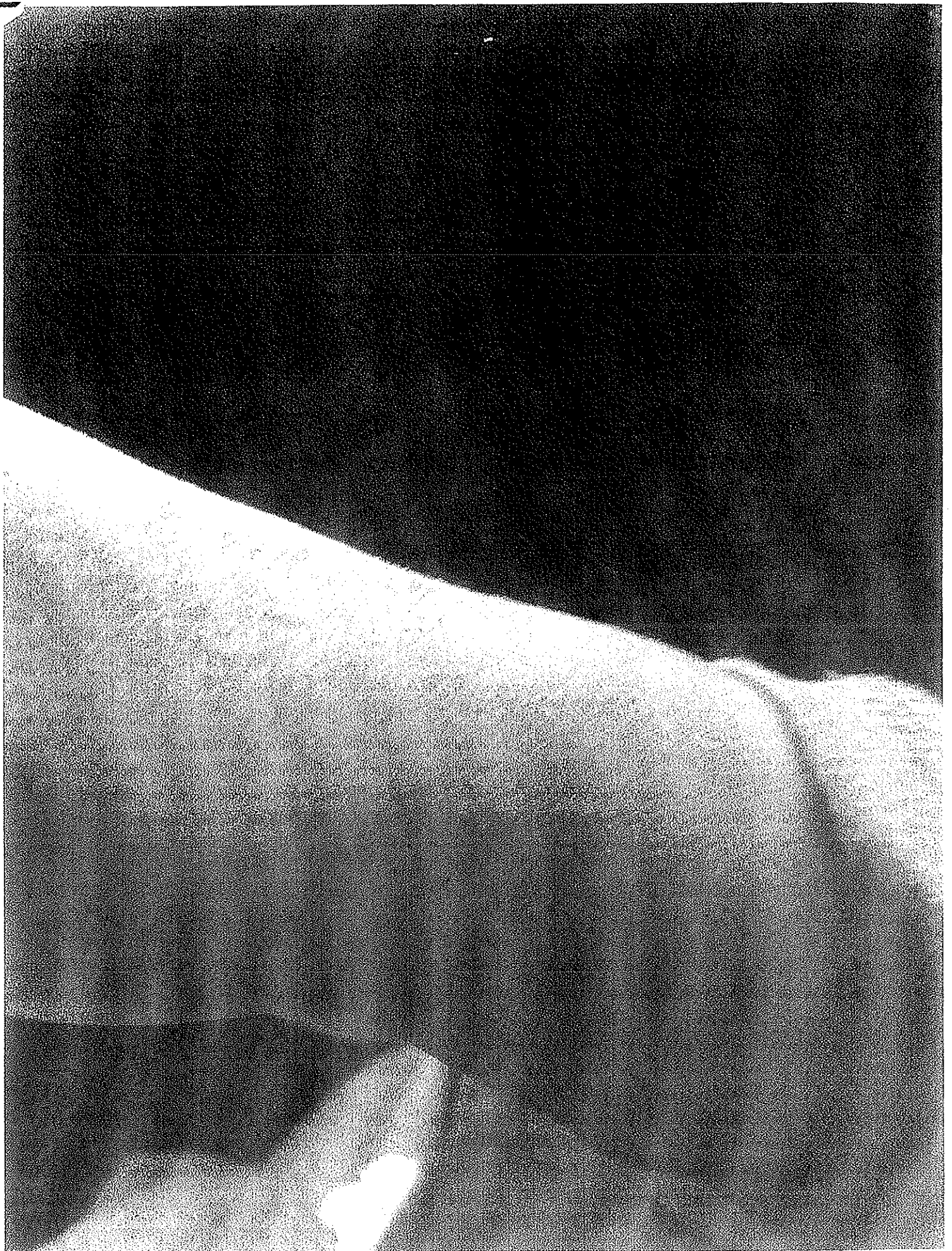
Photo - Google Photos

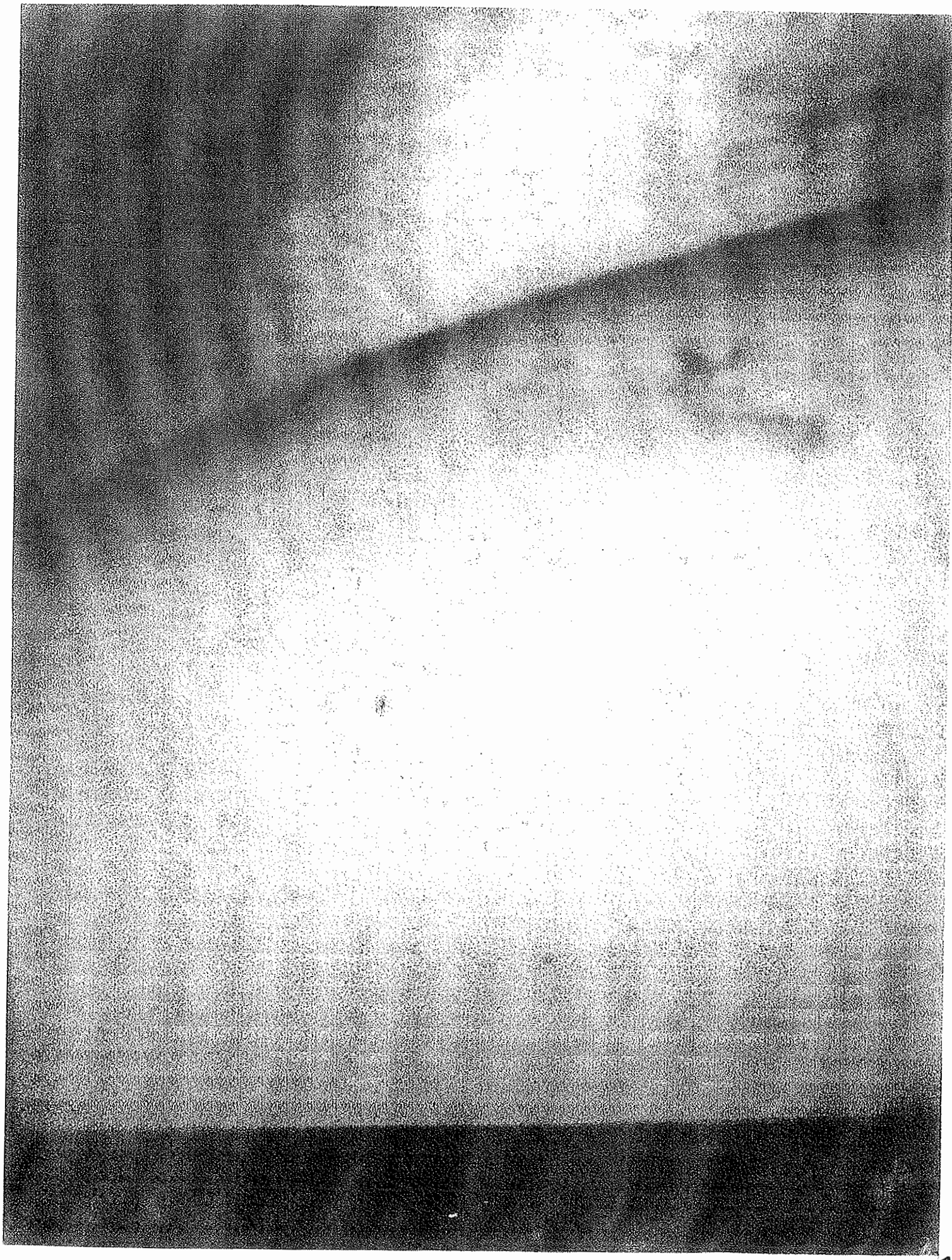


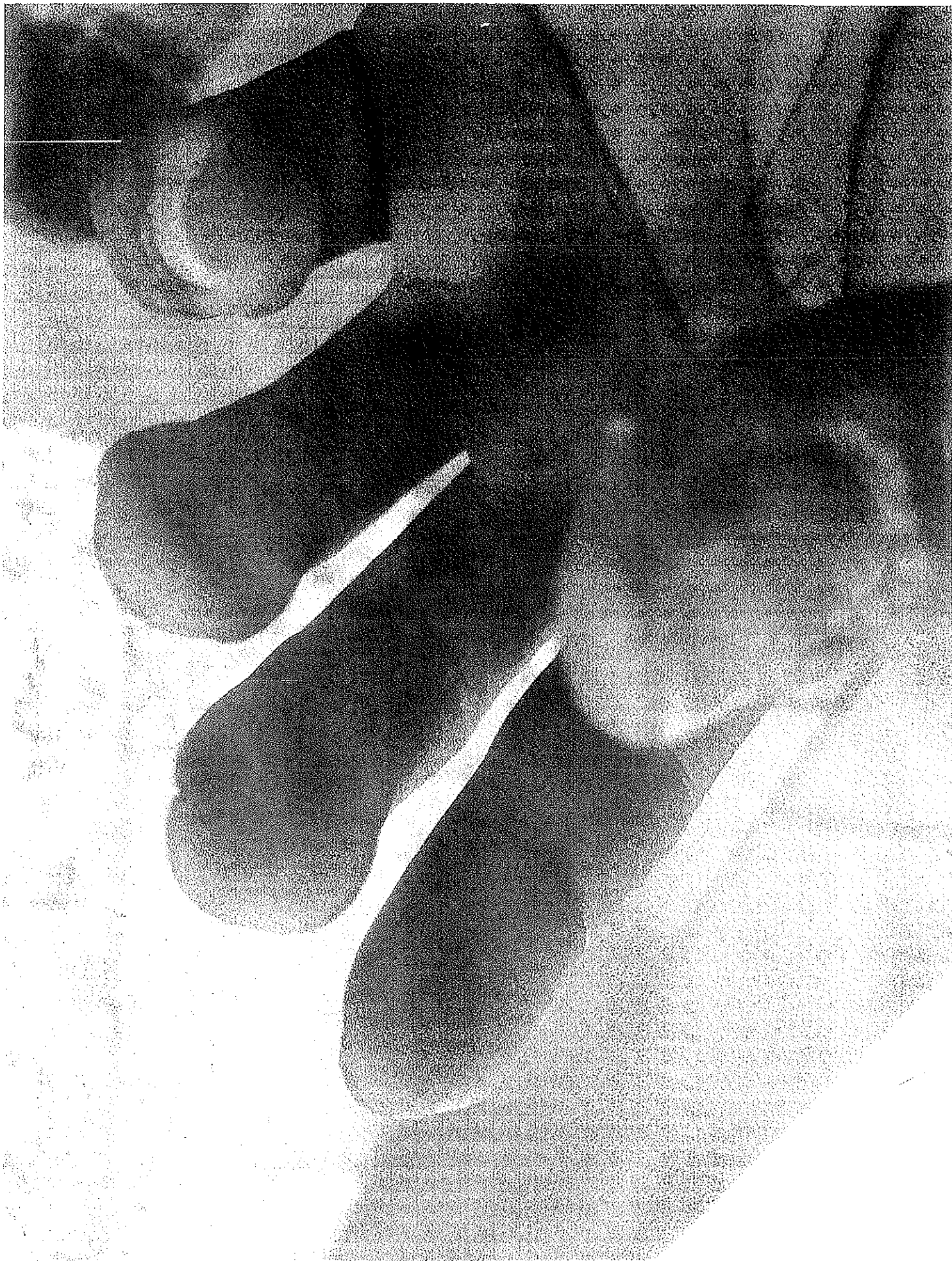
1/29/20, 2:05 PM











le Photos

<https://photos.google.com/photo/AF1QipPJgKgPp5rCLuHvp...>



*7/2/21
C. Noelle
Parker*

AFTER VISIT SUMMARY

El-Bey Clermontine MRN: 4040258

NYC
HEALTH
HOSPITALS**Bellevue**

1/9/2020 @ Bellevue ED ADULT 212-562-4141

Instructions**Your medications have changed**

START taking

Ibuprofen (ADVIL, MOTRIN)

Review your updated medication list below

**Pick up these medications at Bellevue Hospital
Center Pharmacy - New York, NY - 462 1st Ave.**Address: 462 1st Ave, New York, NY 10016
Phone: 212-562-2389**Ambulatory Referral to Med Primary Care**

(MPC)

Scheduled for 1/30/2020

Expires: 7/7/2020 (requested)

What's Next**Follow Up Visit**

JAN 30 Thursday January 30 1:20 PM

2020 Ambulatory Care Building: 2nd Floor

Bellevue Primary Care
462 1st Ave
New York, NY 10016
844-692-4692
Arrive at: AMB Care: •
Area 2C**Today's Visit**You were seen by: Allon Mordet, MD and
WILLIAM PLOWE, MD**Reason for Visit**

Bilateral wrist pain

Diagnosis

Pain in both wrists

Imaging TestsDX Wrist Comp Left
DX Wrist Comp Right
ECG 12 Lead**Medications Given**acetaminophen (TYLENOL) last given
at 4:55 AMHYDROcodone-acetaminophen
(NORCO) last given at 10:30 AMibuprofen (ADVIL, MOTRIN) last given
at 6:27 AMketorolac (TORADOL) last given at
10:00 AM**General Emergency Department****Discharge Instructions**

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

NYC
HEALTH
HOSPITALS

CHART

With MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and upcoming appointments and much much more...

To sign up go to <http://mychart.nychealthandhospitals.org>, click "Sign Up Now", and enter personal activation code: **XX25J-97Z5J**
Expires: 4/8/2020 3:34 PM.

Additional Information:

If you have questions, you can go to <https://epicmychart.nychhc.org/help> to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

Clermontine (MRN: 4040258) • Printed at 1/9/20 3:34 PM

Page 1 of 1 Epx

General Emergency Department Discharge Instructions (continued)

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Instructions



Your medications have changed

- **START** taking:
Ibuprofen (ADVIL, MOTRIN)

Review your updated medication list below.

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications may have been changed by the Emergency Department provider who evaluated you. These changes may include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.

Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, including follow-up information, should be followed in order to ensure proper ongoing treatment of my complaint/diagnosis.
- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

Patient/Representative Signature

Relationship to Patient

Date

Time

Witness

Date

Time

El-Bey Clermontine

CSN: 33247024

DOB: 4/18/1993

female

MRN: 4040258

Adm Date: 1/9/2020



El-Bey Clermontine (MRN: 4040258) - Printed at 1/9/20 3:34 PM